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JC169

MAR 04 2004

PATENT & TRADEMARK OFFICE

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	J-3567A
First Named Inventor	Anita Wongosari
COMPLETE IF KNOWN	
Application Number	10 / 712,509
Filing Date	November 13, 2003
Art Unit	
Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SEMI-ENCLOSED GEL DELIVERY DEVICE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 11/13/2003 as United States Application Number or PCT International

Application Number 10/712,507 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/01 (10-01)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label 28165 OR Correspondence address below

Name Robert A. Miller

S.C. Johnson & Son, Inc.
Address 1525 Howe Street, MS 077

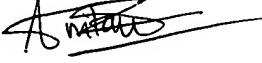
City Racine State WI ZIP 53403

Country USA Telephone 262-260-4975 Fax 262-260-4253

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Anita Family Name or Surname Wongosari

Inventor's Signature  Date 02/06/2004

Residence: City San Luis Obispo State CA Country USA Citizenship ID

Mailing Address 111 Mustang Drive, Apt. #307

City San Luis Obispo State CA ZIP 93405 Country USA

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Michael C. Family Name or Surname Liptrot

Inventor's Signature  Date

Residence: City Milwaukee Cambridge State WI Country XXXX UK Citizenship USA UK

626 E. Kinnaird Ave., Apt. #102 4 Kinnaird Way

Mailing Address

City Milwaukee Cambridge State WI ZIP 53203 Country XXXX UK

Additional inventors are being named on the one supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside the box →

PTO/SB/02A (11-00)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Padma Prabodh		Varanasi	
Inventor's Signature		Date	
Residence: City	Racine	State	WI
Country	USA	Citizenship USA	
Mailing Address 2 Cherrywood Court			
Mailing Address			
City	Racine	State	WI
ZIP	53402	Country USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
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ZIP		Country	

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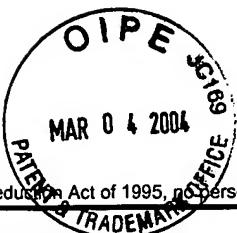
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Address 1525 Howe Street, MS 077

City Racine State WI ZIP 53403

Country USA Telephone 262-260-4975 Fax 262-260-4253

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(first and middle [if any]) Anita Family Name
or Surname WongosariInventor's
Signature Date

Residence: City San Luis Obispo State CA Country USA Citizenship ID

Mailing Address 111 Mustang Drive, Apt. #307

City San Luis Obispo State CA ZIP 93405 Country USA

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventorGiven Name
(first and middle [if any]) Michael C. Family Name
or Surname LiptrotInventor's
Signature Date

Residence: City Cambridge State Country UK Citizenship

Mailing Address 4, Kinnaird Way

City Cambridge State ZIP CB1 8SN Country UK

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PTO/SB/02A (11-00)

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Given Name (first and middle [if any])		Family Name or Surname	
Padma Prabodh		Varanasi	
Inventor's Signature	<i>Padma Prabodh Varanasi</i>		Date <u>12/11/03</u>
Residence: City	Racine	State	WI
Country	USA	Citizenship USA	
Mailing Address 2 Cherrywood Court			
Mailing Address			
City	Racine	State	WI
ZIP	53402	Country USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/712,507
Filing Date	November 13, 2003
First Named Inventor	Anita Wongosari
Title	Semi-Enclosed Gel...
Group Art Unit	
Examiner Name	
Attorney Docket Number	J-3567A

I hereby appoint:

Practitioners at Customer Number

28165

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Herbert W. Mylius	24,578
Carl R. Schwartz	29,437
Richard T. Roche	38,599
Steven J. Wietrzny	44,402

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Anita Wongosari

Signature Anita Wongosari

Date 02/06/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of Three forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Individual Name

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SIGNATURE of Applicant or Assignee of Record

Name Michael C. Liptrot

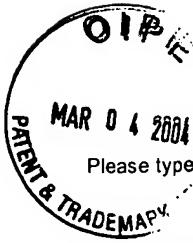
Signature

Date 23/2/04

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Name	Padma Prabodh Varanasi
Signature	
Date	12/11/03

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